

# EXHIBIT O

**INTENT TO HIRE**

03077  
Dept 01670

New Employee: Jennifer Fischman

Intended Date of Hire: 3/3/08 Rate of Pay \_\_\_\_\_

Lee Group Employee: Yes ☐ No ☐

Shift: \_\_\_\_\_ Department Number: \_\_\_\_\_

Title: Corporate Counsel

Supervisor: Donna Costa

**TERMINATION**

Name: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

**TEMPORARY LEAVE**

Name: \_\_\_\_\_

Expected Dates of Leave: \_\_\_\_\_

Family Medical Leave ☐ Excused Absence Without Pay ☐

STD ☐ Other \_\_\_\_\_

CDR 1/25/08  
Supervisor Date

CONFIDENTIAL

Def 000664